University of Vermont Medical Center
Pulmonary Function Testing Pre-Screening Questionnaire

Name: ___________________________________   Date of Birth: _______________________

We understand the following questions may be sensitive. They are needed for our system to accurately determine your lung size.

1. Would you describe yourself as:

   Arab               Asian/Pacific Islander   Black/African American
   Caucasian/White   Hispanic/Latino          Native American/American Indian   Other

   If Asian, please circle country of origin: Bangladesh, Bhutan, Burma, Brunei, Cambodia, China, East Timor, India, Indonesia, Iran, Japan, Laos, Malaysia, Mongolia, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Thailand, USA, Vietnam

2. What is your birth gender: (Please circle)

   Male               Female

3. Have you had any surgery in the past 8 weeks?

   Yes               No           If Yes, what type? __________________________________________

   Have you had any eye surgery in the past 12 weeks?

   Yes               No

4. In the past 4 weeks have you had any of the following conditions? (Please circle)

   Heart Attack       Pulmonary Embolism/blood clots   Collapsed Lung
   Aneurysm           Stroke                           Coughing up blood   Not Applicable

5. Are you a current smoker? (Please circle)

   Yes               No

   If Yes, time of last cigarette? ________________________________